

**SUFFOLK COUNTY DISTRICT ATTORNEY'S OFFICE
CONVICTION INTEGRITY BUREAU**

Case Review Application/Certification Form

If you have been convicted of a crime prosecuted by the Suffolk County District Attorney's Office (the "Office"), you must complete and sign this Application and Certification Form in order to have your case considered for review by the Office's Conviction Integrity Bureau ("CIB"). If you are making a submission through an attorney, your attorney may make a submission that answers all of the questions set forth in this Application, but you still must sign the Certification Form (available at the end of this Application or as a standalone document) to obtain review of your claims.

In addition, your claim must satisfy the following intake standards to be reviewed by the CIB:

- You must make a non-frivolous claim of actual innocence;
- Credible evidence of innocence that is capable of being evaluated must exist at the time of the application;
- You must not have any direct appeals, motions under Article 440 of the Criminal Procedure Law, or petitions for habeas corpus pending at the time of the application; and
- You must consent to being interviewed by the Office concerning the conviction that is the subject of the application, to cooperating with the Office's investigation, and to providing access to any evidence or other information concerning the conviction that is available to you.

The CIB may consider applications not meeting all of these criteria in exceptional circumstances, at the District Attorney's sole discretion, where required in the interests of justice.

Please provide as much information as you can in support of your application. If you have supporting documents, please attach copies. Do not send originals. The Office will consider your case even if you do not have all of the information.

Please note that the Office cannot represent you in this matter and cannot give you legal advice. The attorney-client privilege does not apply to anything you tell the Office in this form or in any other communication.

**PLEASE SUBMIT COMPLETED FORMS AND SUPPORTING DOCUMENTATION
TO THE FOLLOWING MAILING OR EMAIL ADDRESS:**

Suffolk County District Attorney's Office
Conviction Integrity Bureau
William J. Lindsay County Complex - Bldg. 77
Veterans Memorial Highway
Hauppauge, NY 11788
convictionintegrity@suffolkcountyny.gov

APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Primary Language: ☐ English ☐ Spanish ☐ Other _____

Address:

Street City State Zip

Phone: _____

Alternate Phone: _____

Email: _____

What Indictment/Information number(s) are the subject of your application?

What crime(s) are the subject of your application?

What sentence did you receive for the crime(s) that are the subject of your application?

Are you presently incarcerated? ☐ Yes ☐ No If Yes, where?

What are your NYSID and DIN numbers if you know them?

Are you currently represented by an attorney? ☐ Yes ☐ No

If yes, who is your attorney and how can we contact him/her?

CASE INFORMATION

Who served as your attorney(s) in the criminal case that led to the conviction you are challenging?

What plea was offered (if any) and why did you accept or reject it?

How were you found guilty? ☐ Jury Trial ☐ Bench Trial ☐ Guilty Plea

Did you make any statements to law enforcement? ☐ Yes ☐ No

Did you testify at trial? ☐ Yes ☐ No

If you were found guilty as a result of a trial, please describe the evidence that was presented at trial, including any statements or testimony by you. If you pleaded guilty, please describe the evidence that you obtained and that led to your decision to plead guilty. Use additional pages and attach supporting materials if necessary.

CASE INFORMATION (cont.)

Did you appeal your conviction or sentence? ☐ Yes ☐ No

If yes, please give the case number, defense attorney, and result. If no, please explain why you did not appeal.

Have you filed any motions under Article 440 of the Criminal Procedure Law (“440 motions”) in state court, or habeas corpus petitions in state or federal court?

☐ None ☐ State ☐ Federal ☐ Not sure

If you have filed 440 motions or sought writs of habeas corpus in state or federal court, please list the case number(s), defense attorneys (if any), and results.

CLAIMS IN YOUR APPLICATION	
1. A method of determining a risk score for a subject, comprising:	1. A method of determining a risk score for a subject, comprising:
2. The method of claim 1, wherein the risk score is determined based on the subject's age, sex, and medical history.	2. The method of claim 1, wherein the risk score is determined based on the subject's age, sex, and medical history.
3. The method of claim 1, wherein the risk score is determined based on the subject's genetic profile.	3. The method of claim 1, wherein the risk score is determined based on the subject's genetic profile.
4. The method of claim 1, wherein the risk score is determined based on the subject's lifestyle factors.	4. The method of claim 1, wherein the risk score is determined based on the subject's lifestyle factors.
5. The method of claim 1, wherein the risk score is determined based on the subject's social and environmental factors.	5. The method of claim 1, wherein the risk score is determined based on the subject's social and environmental factors.
6. The method of claim 1, wherein the risk score is determined based on the subject's family history.	6. The method of claim 1, wherein the risk score is determined based on the subject's family history.
7. The method of claim 1, wherein the risk score is determined based on the subject's current health status.	7. The method of claim 1, wherein the risk score is determined based on the subject's current health status.
8. The method of claim 1, wherein the risk score is determined based on the subject's previous health status.	8. The method of claim 1, wherein the risk score is determined based on the subject's previous health status.
9. The method of claim 1, wherein the risk score is determined based on the subject's current and previous health status.	9. The method of claim 1, wherein the risk score is determined based on the subject's current and previous health status.
10. The method of claim 1, wherein the risk score is determined based on the subject's current and previous health status, and the subject's genetic profile.	10. The method of claim 1, wherein the risk score is determined based on the subject's current and previous health status, and the subject's genetic profile.

Actual Innocence

Do you claim to be actually innocent of the crime(s) that are the subject of your application? ☐ Yes ☐ No

If yes, please answer the questions below. Understand that your response is not protected by the attorney-client privilege.

Please describe your version of the events concerning the crime(s). Include a description of what you believe led to your conviction, and any other information you feel is important. Also, describe whether you believe any important information supporting your claim of innocence was not presented on your behalf or given to you prior to your conviction, and if not, why you believe that did not happen. Attach additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CLAIMS IN YOUR APPLICATION (cont.)

Do you have witnesses who could support your claim of innocence, including any alibis? If so, please provide details, including names, contact information, and witness statements if you have them.

Do you know if any other suspects were investigated in this case? Do you believe that any other individual, rather than you, may have committed the crime(s) with which you are convicted? If so, please list who you believe may have committed the crime(s), the basis for your belief, and any known contact information.

Was DNA material or other biological material collected and/or tested in your case? If so, what is your understanding of the results of the testing? Are there collected materials that have not been tested?

Do you or anyone else have other evidence (documents, photos, etc.) that could support your claim of innocence? If so, who has the evidence and how may we obtain it?

Please include any other information or materials you believe we should have in conducting a review of your case. These may include documents, affidavits, or letters supporting your claim, but DO NOT SEND ORIGINALS.

[illegible]

Exceptional Circumstances

Are there any exceptional circumstances that you believe require this Office to review your case in the interests of justice?

☐ Yes ☐ No

If yes, please explain those circumstances below, providing any records you believe are relevant to your claim. This may include documents, affidavits, or letters supporting your claim, but DO NOT SEND ORIGINALS.

[illegible]

CERTIFICATION FORM

The applicant must certify all of the following and indicate such certification by initialing to the right of each statement and by signing below.

CERTIFICATION	INITIALS OF APPLICANT
1. I certify that all of the statements in my application are true and accurate.	1. _____
2. I consent to being interviewed by the Office concerning the conviction that is the subject of the application, to cooperating with the Office's investigation, and to providing access to any evidence or other information concerning the conviction that is available to me.	2. _____
3. I acknowledge that failing to cooperate with the Office's investigation of my claim to the CIB, or providing false information to the Office, may result in a rejection of my application.	3. _____
4. I understand that the Office may determine that my case does not meet its criteria for CIB case review or relief. It may reject this application at any time, and I will have no right to appeal that rejection.	4. _____
5. I understand that while I may seek the assistance of an attorney with my claim, the Office is not my attorney and my communications with the Office are not protected by the attorney-client privilege.	5. _____

SIGNATURE OF APPLICANT: _____

PRINT NAME OF APPLICANT: _____

DATE: _____